REQUEST FOR PAYMENT C.W.A. LOCAL 3122

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RATE OF PAY:_____ HOURS PER WEEK:_____ EXEMPTIONS:_____ M ☐ S ☐ DATE:_____

ADDRESS: _____ ZIP:_____ ***SEE BACK SIDE FOR LM2 CODES**

I, _____ hereby request payment for expenses, lost wages and/or mileage on UNION activities as follows:

Date:	Hours:	Miles	From	To	Expenses:	Reason: (Grievance #, Name, Expenses with receipts)	LM2*
Totals						**Signature:**_____	

FOR OFFICE USE ONLY

APPROVED BY: _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

TOTAL INCOME: _____

LESS FWH: _____

LESS FICA: _____

LESS MCARE: _____

NET PAY: _____

CHECK # _____

NET PAY: _____

TOTAL EXPENSES: _____

CHECK AMOUNT: _____